

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000026382**

1. Entity Name

**LEE & CATES FERNANDINA GLASS, INC.**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90091 011 \*\*\*150.00

Principal Place of Business

**142 MADISON ST  
JACKSONVILLE FL 32204**

Mailing Address

**142 MADISON ST  
JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3309568**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEE, THOMAS D III  
142 MADISON ST.  
JACKSONVILLE FL 32204**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>CD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>LEE, THOMAS D JR</b>      |                                 |
| STREET ADDRESS | <b>142 MADISON ST</b>        |                                 |
| CITY-STATE-ZIP | <b>JACKSONVILLE FL 32204</b> |                                 |
| TITLE          | <b>VPD</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>PADGETT, RICK Z</b>       |                                 |
| STREET ADDRESS | <b>142 MADISON ST</b>        |                                 |
| CITY-STATE-ZIP | <b>JACKSONVILLE FL 32204</b> |                                 |
| TITLE          | <b>PD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>LEE, THOMAS D III</b>     |                                 |
| STREET ADDRESS | <b>142 MADISON ST</b>        |                                 |
| CITY-STATE-ZIP | <b>JACKSONVILLE FL 32204</b> |                                 |
| TITLE          | <b>STD</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>PADGETT, MARY M</b>       |                                 |
| STREET ADDRESS | <b>142 MADISON ST</b>        |                                 |
| CITY-STATE-ZIP | <b>JACKSONVILLE FL 32204</b> |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS D. LEE III**

Date

**4/25/01**

Daytime Phone, if

**(904) 354-4643**

CR2E034 (10/00)

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

Date

904-280-2270

Daytime Phone